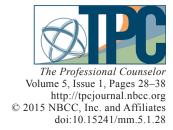# An Exploration of the Personal Experiences and Effects of Counselors' Crying in Session

TPC

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This article describes a qualitative interview study of 11 counselors' personal experiences of crying in session with a client and their perception of its effects on the therapeutic relationship. Semistructured interviews with counselors at a mid-sized university in the Midwest found that tears could be an appropriate response to a client's unique situation and helpful in empathizing with the client. Themes of awareness, empathy, modeling and authenticity as well as implications for counselors are discussed.

Keywords: **crying, empathy, self-disclosure, authenticity, therapeutic relationship**

Crying is a response that all people have in common and one of the most powerful demonstrations of emotional expression in humans. Darwin's (1872) early theories of emotions have greatly influenced the significance of studying tears. Emotional expression seems to be universal among humans and the expression of tears is innate, serving an important function for our welfare, as well as a form of non-verbal communication. The words "crying" and "tears" are used synonymously in this study to mean tearing up, as in the eyes filling with tears or running over as an expression of empathy.

Counselors are faced with a variety of emotionally charged situations that at times might be uncomfortable and unpleasant and, as a result, influence counseling behavior during a session. The rationale for this study was based on the paucity of research on counselors' tearing up as an appropriate form of self-disclosure, when it genuinely and spontaneously occurs and is not the result of the counselor's unresolved issues.

The main purposes for exploring the phenomenon of counselors' crying were as follows: (a) to increase counselor self-awareness and reactions in emotionally intense situations, (b) to promote dialogue for counseling supervisors and educators, and (c) to discover the meaning a counselor places on personally significant crying experiences. Cornelius (1981) noted that researchers are a long way from developing a comprehensive theory of crying and that there is a need for more descriptive data before construction of a theory. The current study is a step toward providing such data on the phenomenon of counselors' crying in session.

Individuals in helping roles are vulnerable to a wide variety of emotionally charged situations, which can be defined situations in which there is high potential for reactionary behaviors. These behaviors can lead to overt expressions, such as crying, screaming, angry outbursts and sometimes seemingly irrational demonstrations of emotion. Emotionally charged situations can be uncomfortable and unpleasant and can induce a state of anxiety, especially in professional situations such as counseling. When a counselor has an emotionally charged response to a client, feelings can intensify, resulting in a spontaneous reaction, even crying. However, a study by Curtis, Matise, and Glass (2003) suggested that crying with clients could be a genuine expression of emotions and facilitate the therapeutic relationship.

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Crying has several advantages. Crying is a natural coping mechanism that helps to buffer against the pathogenic effects of stress (Davis, 1990; Frey, Desota-Johnson, Hoffman, & McCall, 1981). Crying not only has certain health benefits (Davis, 1990; Frey, Desota-Johnson, Hoffman, & McCall, 1981) such as relieving stress caused by the buildup of emotions, but also can enhance empathy and facilitate the therapeutic alliance (Horvath, 2001). Waldman (1995) suggested that a counselor's crying could be therapeutic to a client. According to Frey et al. (1981), emotional stress alters the chemical balance of the human body. When the stimulation of the lacrimal gland in the brain increases due to emotional intensity, it results in the production of tears. Although the social expression of crying has differences in degree, for this study crying is defined as the state of lachrymose secretions pouring from the eyes in response to emotional stimulation.

Crying and Stress in the Counseling Situation

The connection between emotional stress and the biological process suggests that crying is a function of the body to maintain homeostasis by helping to relieve emotional stress. In a study on why adults cry, emotional tears seemed to be associated with tension reduction (Efran & Spangler, 1979). The researchers focused on the recovery aspect of tears and suggested that crying happens when a psychological barrier or perturbation disappears, signifying recovery and adaptation rather than continuation of distress or arousal, thus permitting the system to shift into recovery.

Hill, Mahalik, and Thompson (1989) offered two explanations for a counselor's emotional reaction of crying during a session. The first is *self-disclosure*, which refers to a counselor's personal emotional response to the client. When self-disclosure is appropriate, the counselor shares a segment from his or her own life with the client for the purpose of either reassuring or challenging the client's experience. Yet, the focus in this situation is on the client and not the counselor. When a counselor is in a situation that stirs powerful emotions, self-disclosure can deepen the counselor–client connection or can reflect the counselor's inability to contain his or her own feelings.

A second explanation for a counselor's emotional reaction of crying during a session is *empathy*, which refers to one's active attention toward the feelings of others (Rogers, 1980). This concept emphasizes the therapeutic function of a counselor's ability to fully experience the attitude expressed by the client and reflect to the client what he or she is experiencing. Empathy is considered a significant way to enhance and deepen the therapeutic relationship.

Sometimes counselors might discount the behavior of crying as an inappropriate reaction triggered by the experience of anxiety and discomfort or an overly sympathetic response. In order to reduce his or her reaction to an emotionally charged situation, a counselor might emotionally detach from the client in order to quell his or her own discomfort and limit a reactionary response in return. While the intention of this emotional detachment may help the counselor maintain a more objective perspective toward the client's reaction, the result also may be to limit the counselor's emotional availability and thus protect the counselor's own needs over the needs of the client. By detaching, the counselor can unintentionally emotionally abandon the client at a time when the client most needs support.

The Therapeutic Effectiveness of Crying

Few studies have examined the effectiveness of counselors' crying in session. Waldman (1995) and Counselman (1997) suggested that counselors' emotional tears could be therapeutic to a client. Waldman (1995) interviewed ten licensed psychologists with at least 5 years of clinical experience each. Each psychologist discussed his or her perceptions and feelings related to an incident in which he or she cried with a client during

a session. Waldman found that nine of the participants believed that their emotional tears were helpful in facilitating the therapeutic process. In contrast, one participant reported that emotional crying was the result of personal unresolved issues, which was not helpful to the client. With this in mind, it is possible that counselors' crying can be the result of the counselor's own struggles and countertransference. In this instance, objectivity could be lost and the therapeutic relationship hindered. Therefore, counselors might perceive crying as nontherapeutic and even unethical. Nevertheless, Waldman (1995) concluded that crying with clients enhanced the counselor–client connection and facilitated the client's work in session.

Counselman (1997) conducted a case study exploring the therapeutic effectiveness of a counselor crying in session with a client. She reported on her work with a couple in which the wife was dying of cancer. After several sessions of marriage counseling relating to an affair by the husband, the author described crying when the couple disclosed that the wife's breast cancer had recurred. Counselman (1997) admitted that her greatest fear was that she would not be able to stop crying and presumably might be viewed as unprofessional. However, she decided that her first priority was to be fully present with the couple, even if this meant crying with them in session. She reported that her willingness to share her emotions with this couple deepened the therapeutic relationship and facilitated the couple's counseling goals all the way to her client's death. She also indicated that this self-exposure "was healing for me in the way our work as counselors often is" (p. 237). Corey (2001) suggested, "If you use your own feelings as a way of understanding yourself, your client, and the relationship between the two of you, these feelings can be a positive and healing force" (p. 108).

Men in our society have consistently been taught not to cry and to downplay emotions. Counselors who find themselves on the verge of emotional tears may find the experience more profitable if they have had access to images that portrayed this behavior as acceptable and natural rather than a shameful and weak demonstration of emotions, especially for male counselors (Hoover-Dempsey, Plas, & Wallston, 1986).

Given that much therapeutic work is dedicated to helping clients express their deepest feelings, the lack of research regarding counselors' tearing up in session lends significance to the study of professionals who encounter emotionally charged situations and their emotional availability to respond in authentic ways without diminishing their credibility.

Methods

Study Design
The present study was informed by life-world phenomenology (Ashworth, 2003) in order to gain information and to give voice to the lived experiences of counselors around the issue of intense emotional experiences in the counseling situation, which sometimes includes crying. A phenomenological approach with oral responses was consistent with the goals of the study and sensitive to the needs of the participants. Phenomenological research originated from Edmund Husserl's phenomenology philosophy and aims to clarify a person's lived experience through everyday life situations (Giorgi & Giorgi, 2008). The root of phenomenology is that of intentionality, which allows objects to appear as phenomena because the self and the world are inseparable components of meaning. The idea is to suspend all presuppositions and biases and closely capture an experience within the context that the experience takes place. This is attempted through the three steps of epoche, phenomenological reduction and imaginative variation (Willig, 2001).

Participants and Setting
Potential participants were contacted either by email or in person and asked to volunteer for a brief interview concerning crying with clients while in a session. The criteria for inclusion were based on licensure, certification and experience, as well as the ability to provide full descriptions of one's personal experiences of

crying in session. In total, 11 counselors and professionals with related experience were included in this study. Participants were between 25 and 71 years old; four participants were males and the remainder female. The sample consisted of licensed professional counselors, school counselors, national certified counselors, a licensed marriage and family counselor, and a psychologist, with a combined average of 15 years' experience in their related fields. The participant's theoretical perspectives were varied and consisted of the following: cognitive behavioral, family systems, existential, Adlerian and person centered. Open-ended questions provided a general guide to the interviews (see Appendix), while allowing for discussion of relevant material.

Data Collection

Data collection consisted of semistructured interviews varying in length from 30–120 minutes. Interviews were chosen in order to open up topics and receive the participants' stories of crying in session with clients. Each interview was audio recorded and notes were taken during the interviews to facilitate transcription and future analysis. Repeat interviews were conducted with all but three of the participants, thus contributing to richer descriptions. The following topic areas were covered in the interviews: (1) What issues would make you cry in session? (2) What is your response to a client who starts crying in session? (3) How would crying be beneficial to the therapeutic relationship? (4) How do you keep yourself from crying in session with a client? (For more complete information, see Appendix.)

The data were processed in order to discern meanings and actions by first using a central idea or question relating to the research. The central questions used to guide this analysis were as follows:

1. What is the counselor's internal experience of a client who cries in session?
2. What is the counselor's internal experience of allowing him or herself to cry in session with a client?

Second, the author and a colleague brainstormed other terms that relate to the central concept of crying. This process led to further questions and terms, such as *awareness*, *empathy*, *crying as choice*, *loss*, *grief*, *genuineness*, *control*, *equality*, *acceptance* and *permission*. Third, connections were drawn among the various terms based on how the ideas related to each other, until ideas were exhausted about the central topic. Fourth, the findings were summarized and a graphical representation of the data was used to draw themes at face value, rather than explain or interpret at that point. Fifth, the author discussed the findings with a non-biased professional colleague in order to interpret how the data were linked to the big picture, theoretical perspectives and previous literature.

Data Analysis

Following the qualitative guidelines proposed by Creswell (1998) and Moustakas (1994), phenomenological analysis proceeded through several stages. The first was *horizonalization* of the data, in which the researcher read through the data and identified statements that described how the participants experienced the phenomenon of crying. Moustakas (1994) called these *meaning statements* and Creswell (1998) called them *significant statements*. For instance, one participant contributed a significant statement by describing crying as a genuine and spontaneous response:

> I see it [crying] as an expression of a deep emotion and a genuine or real thing that happens. The client can see how I'm experiencing what they've told me. If that involves crying, that means that's how I experience their story.

The second stage was transcribing the statements into separate themes. Third, phenomenological reduction was used to group the meaning statements thematically by coding them with short descriptions for each theme. Lastly, imaginative variation was used to vividly capture the textures of the themes. Through intuitive

thinking, imaginative variation enables the researcher to derive structural themes from the textural descriptions (Moustakas, 1994). An overall description of the themes that illustrated the essential meaning of the experience was concluded.

Audio-recorded interviews were transcribed verbatim for each participant and the transcripts were analyzed by the author and cross-analyzed for consistency by a professional colleague who was not a member of the counseling profession. All of the interviews were thematically and categorically analyzed for commonalities in the phenomenon of crying, and regular discussions were held to achieve consensus on emerging themes from the descriptive to the analytic stages.

Three main phases of data collection and analysis occurred over the course of 32 weeks. The first phase was an initial analysis that took place during data collection. The second was a content analysis conducted after the study was completed. The final analysis was thematic, in which categories were used to organize contributions.

Categorical analytic procedures described by Creswell (1998) and Merriam (1998) guided analysis of the interview data and narrative questionnaire data, which were combined for analysis. During the interviews, the author *bracketed* (epoche) experiences that may have contaminated collection, interpretation and analysis of the data. Bracketing is performed by examining possible researcher biases and then setting those biases aside (Moustakas, 1994). This challenge was addressed by the researcher maintaining a journal of thoughts and reactions in order to increase his awareness of and accountability to the process of epoche. Potential researcher biases consisted of the researcher's personal experiences with crying, his own values and opinions concerning the phenomenon of crying, and his own professional ethics related to crying with a client.

During data collection, there was a continuous cycle in which the researcher read, reread, reflected on and interpreted the data. *Constant comparison* (Merriam, 1998) was practiced, in which multiple readings of the data set were examined and compared with the next piece of data. Unique responses and isolated situations also were identified and analyzed.

Ethical Considerations
As a professional counselor, the researcher has been conditioned by his training and abides by ethical codes of conduct from professional organizations, most of which do not address the issue of a counselor's crying in session with a client. These measures were taken during data analysis so as not to interfere with the accurate telling of each participant's personal experiences of the phenomenon of crying.

Ethical approval was granted by the Internal Review Board of the university where participants were solicited. Participants were asked to consent to a voluntary interview about the nature of their experience of crying in session with a client and notified of the estimated time of participation. The results of the interviews were confidential and no personal identification was requested of the participants.

Procedures to Ensure Trustworthiness
A variety of strategies were used to ensure the credibility, confirmability (validity) and trustworthiness (reliability) of this study. First, a purposeful sample was selected for this investigation to ensure that the participants had a wide range of experiences as counselors in a therapeutic milieu, and in order to increase the probability of participants having experienced the phenomenon of crying in a session.

An audit trail (Lincoln & Guba, 1985) was created to ensure that the participants felt confident that the research data showed a fully accurate description of their experiences of crying in session. Records were kept in the form of raw data (e.g., field notes), data reduction (e.g., summaries of theoretical notes), data

reconstruction (e.g., structure of categories, themes, relationships, definitions, conclusions), and process notes (e.g., trustworthiness notes relating to credibility and dependability).

Data triangulation (Thurmond, 2001) was implemented by soliciting feedback from participants during the analysis stage of data collection. The participants' diversity of experience, theoretical perspectives, demographic variability and length of experience as licensed professionals in their fields helped the researcher gain a clearer understanding of the phenomenon of crying and how it applies to counseling. Participants were allowed to see the interview questions prior to the interview, in order to provide more in-depth and thoughtful answers regarding the phenomenon being investigated.

Member checking was implemented to test the accuracy of the categories, interpretations and conclusions of the researcher with the participants from whom the data were originally obtained. This procedure was conducted informally during the normal course of observation and conversation with the participants at the time of their interviews. A more formal procedure was implemented after the researcher transcribed the interviews and sent them to participants for investigation. After the evaluation stage was complete and themes were established for the phenomenon of crying in session with clients, an email was sent to participants with a summary of the thematic conclusions, soliciting feedback, challenges or additional information from participants.

An external audit was conducted throughout the evaluation and analysis stages, in which the author discussed the data with a colleague who was not a part of the mental health profession. The purpose of choosing this colleague was to have an unbiased person who would not be swayed by training as a counselor and the ethics of the profession. The researcher's assumption was that mental health professionals would be more prone to accept, tolerate and be nonjudgmental toward clients' intense emotional experiences, even to the point of crying with them. Another external audit conducted to foster the accuracy and validity of the present study included advising from a faculty member in the applied statistics and research methods department of the university where the participants were sampled.

Results

Through analysis of the participants' interviews, invariant horizons were identified and themes were extracted and clustered through the reduction process (Moustakas, 1994). Following are textual descriptions of the prominent identified themes that emerged, including awareness, empathy, modeling and authenticity. An examination of participants' experiences also was extrapolated from the data.

Theme 1: Awareness

Each of the participants spoke about the skill of *awareness* as a decisive factor as to whether they would cry in session. Awareness was described as a skill that could be learned and used by the counselor, not only to determine whether to cry in session, but whether the voluntary nature of crying as an emotional response could be used to facilitate a therapeutic interaction. One male counselor-participant described crying as follows:

> Crying means different things in different cultures. Some cultures and people may see crying as a sign of weakness, whereas others encourage its expression to practice being humble and exercise social kindness. As part of being culturally sensitive, a counselor needs to pay attention and try to explore with the client about this behavior. Crying is like a universal language that involves a list of vocabulary from different cultures and persons.

Awareness was an essential component of whether crying was considered therapeutic for the client. Even though all participants had cried to some degree or another in session, their respective levels of comfort and

opinions of what could help counselors-in-training prepare for such emotionally charged issues varied. One participant spoke of not being able to turn her crying on or off, but said that if she felt it was not appropriate because it took the focus off the client, then she tried to block herself from crying or tearing up:

> If I cry in session, I open it up and tell the client that this is how I'm experiencing your situation and I'm crying, how does that feel to you? If they say it's not ok, then I'll tell them that I'll try to block it, but I'm not sure if I'll always be able to.

One interview question asked whether counseling programs could do anything different in terms of preparing counselors-in-training to deal with emotionally intense situations in which crying might occur. There was consensus among more than half of the participants that they had had no formal training in dealing with such emotionally intense situations, largely because this training is not something that can be taught from a textbook. One can read about an issue, but experiencing it is something quite different. To know oneself was said to be more pertinent, in terms of knowing how one would react to a particular situation. All of the participants made this statement, though they had no formal training in dealing with emotionally intense situations in which crying might occur. A male marriage and family counselor stated:

> You can read the kinds of things we're talking about in a book, but I think the best way to teach people is in experiential situations. To have some knowledge that these things are going to happen and that it's ok to deal with it, that's the cognitive piece that you can teach people. The emotional piece, that you can't teach people, is how to handle it.

Another participant, a licensed professional counselor, stated that she was in fact overprepared. She continued, "My master's program was in the day [1970s] when there was a lot of therapy. It was about intensity and our own comfort with intensity." She felt that the pendulum had swung too far the other way, stating, "I think we ought to do a lot more personal growth in our [training] programs than we do."

Theme 2: Empathy

A predominant issue for the participants was that of crying linked with empathy. All participants felt that crying demonstrated a deeper form of empathy toward the client. Empathy is the experience of being in the client's shoes and tapping into the present felt experience of the situation. One of the most effective ways a counselor can help a client change is to affirm his or her subjective experience. Empathy is an essential skill for helping clients feel that they are being validated and understood (Teyber, 2000). For a counselor, knowing the issues that touch his or her own personal soft spots (countertransference) is important in order to inform a counselor's interaction with a client. One participant said, "I think it [crying] may be the ultimate empathy, if the tears are genuine. I'm sure Carl Rogers would have cried with clients." The researcher challenged the participant by asking, "I wonder if he [Carl Rogers] ever did cry with a client?" Her response was as follows:

> How could he not, because when we're really in psychological contact we don't absorb their stuff; we experience it with them for a short time. I don't think we leave unscathed. I think clients change from our work with them and we change from our work with our clients.

Empathy points to an invisible element that leads to a deeper connection with an individual. Crying with a client in session, if genuine, was deemed a deeper kind of empathy, beyond words, that demonstrates a validating connection and recognition of the client's subjective experience.

Theme 3: Modeling

As a result of specialized training, counselors may be regarded as more competent in human relation skills such as emotional expression, and thus bear a responsibility to model positive and appropriate expressions of intense emotions to clients. Modeling relates to how the client interprets and integrates the influence of the counselor's actions into his or her daily activities of emotional expression. Because of training in interpersonal effectiveness, counselors may be more adept at emotional expression, and thus there may exist a higher expectation from others regarding trained mental health professionals' reactions to such emotionally intense situations. A school counselor stated:

> By acknowledging crying, you don't have to pull back, because what I've seen with therapists is they pull back in an attempt to control it, so they lose contact with the client and the situation. They're also modeling for the client that it [crying]'s not ok and whatever it is they're experiencing is not okay to share with other people, because it makes people uncomfortable.

Counselors can have a significant influence on clients and model a corrective emotional experience. If counselors are not to be merely conduits for cultural values, in terms of what the socially acceptable response is for emotional expressions, then a counselor modeling authenticity is most effective when it is a genuine act of responding to an emotionally intense situation.

Theme 4: Authenticity

All participants came from a counseling perspective that was relationally based. One counselor came from a cognitive-behavioral theoretical approach, four came from a family systems perspective, one from an existential approach, one from an Adlerian approach, and the remainder from a person-centered perspective. What these theoretical perspectives have in common is that the relationship with the client forms the foundation of the theory. Being genuine was correlated with authenticity and therapeutic effectiveness. Crying might have an equalizing effect, confirming to clients that the counselor is human and understands their experience.

It was found that among participants the range of and comfort with emotional expression varied by age. Older participants (> 40 years old) with more experience had become more comfortable with the way in which they expressed their emotions. Younger participants (< 40 years old) felt that it was acceptable to cry as long as it was appropriate in their estimation, but were less likely to do so while in session with a client.

A technique called immediacy can have an equalizing effect on the relationship and induce a *therapeutic moment* by revealing the counselor's immediate perspective on the situation at hand. One female participant clarified, "Usually when I cry I will say something regarding the tears and have a discussion whether they are helpful or disturbing to the client." While authenticity is not the sole determining factor of whether or not a counselor cries, according to participants, crying is a strong indicator of the authenticity of a therapeutic interaction. For one counselor, her authenticity took the form of a countercultural response:

> When I went to my dad's funeral, I was thinking, if I don't cry then they're going to think something is wrong with me, so I hope I can cry. . . . Sometimes you're in a situation where you feel it's expected.

Despite cultural expectations, authenticity represents characteristics that are unique to every individual and is an internal experience of an outward expression. What is a genuine emotional expression to one counselor might look different to another.

Discussion

The outward expression of crying in a counseling session and whether tears flow as a result of a counselor's unresolved issues versus an empathetic response to a client's situation is critical for determining the effectiveness of the crying response. The studies reviewed and the participants interviewed varied in their conclusions about whether to cry with a client while in session and whether it is helpful to the client. Whether it is helpful to the client for the counselor to cry with him or her depends upon certain factors, including the degree and timing of the counselor's tears, the cultural acceptableness of this type of emotional expression, and even gender. There are unforeseen factors that only a counselor can experience with a client based on the conditions of that exact moment. That being said, whether or not to cry with a client is a choice made based on the professional judgment of the counselor.

One way to measure the appropriateness of crying in session with a client is by the generally accepted practices of professionals in the mental health field. A counselor's professional judgment has some link to the larger profession and the generally accepted practices of other professionals, as long as they adhere to the ethical standards of the prominent organizations of the field. However, this strategy may not always yield a conclusive answer. A counselor's oath to do no harm should be a guiding factor, as well as obtaining supervision in order to work out these unique situations with clients.

The theme of authenticity and the desire to *be oneself* in the counseling session was consistent among the participants of this study. It has been suggested that hiding behind technical expertise and leaving one's genuineness out of the relationship may not create the most therapeutic environment (Corey, 2001). Considerable research indicates that the counseling relationship is more important than technique in predicting client outcomes (Lambert & Cattani-Thompson, 1996; Nelson & Neufeldt, 1996). Thus, counseling by its very nature requires counselors to undertake the difficult task of managing countertransference while maintaining a genuine and open relationship with clients. To be authentic in session may mean to cry with a client or it may not, even if the emotional expression is intentionally held back. There may be no conclusively right or wrong way to *be* with a client, only a list of ethical guidelines to which to adhere.

Another important concept that is becoming more useful in the field of counseling is *mindfulness*. Mindfulness is much like this study's theme of awareness, which the participants in this study recognized as an important aspect of determining whether to cry with a client. Self-awareness is considered not only a vital part of a counselor's development, but also an important goal for the client who engages in counseling. Mindful attention helps distinguish between distorted thoughts and emotional patterns that entrap, in order to free the counselor (Bennett-Goleman, 2001). By practicing mindfulness, the counselor strengthens personal attention as a protection against being hijacked by a schema or distortion of thoughts. A mindful counselor can be more aware of thought patterns and catch him or herself from reacting to certain stimuli, such as a client's tears. By not reacting, a counselor can make a wise choice as to the most appropriate response for a given situation. Because a goal of mindfulness is to be more fully present in the moment, a counselor who is mindful may be more aware of the subtleties between the counselor and client and be less judgmental. The mindful counselor may be slightly detached and more objective in an assessment of the situation and therefore less triggered by rogue feelings and judgments, while allowing for clarity of the situation and an authentic emotional response that may include crying.

Conclusion

A lack of clarity remains around the issue of intense emotional experiences in the counseling situation, which often includes crying or tearing up to some degree, as well as a lack of training in counselor education programs to deal with such situations. This study employed methods adopted from the phenomenological research tradition to generate data with which to interpret the crying event. The phenomenological method served as a starting point for exploration, and through this investigation, a rich description of the textural and structural aspects of each counselor's experience was developed, as well as a final synthesized description of each participant's unique set of circumstances. The findings of this investigation may prove useful for counseling faculty, supervisors, counselors and other mental health professionals.

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Appendix

A qualitative interview on personal experiences and effects of counselors' crying in session.

1. Tell me why you decided to be a counselor.
2. Have you ever cried in session with a client? If no, have you ever felt like crying while in session with a client?
3. What do you think of clients crying in session?
4. What issues would make you cry in session with a client?
5. What do you think of other therapists who cry in session?
6. What is your response to a client who starts crying in session?
7. What do you do if you feel like crying in session with a client?
8. What strategies do you use to deal with yourself crying in session?
9. How would your crying be beneficial to the therapeutic relationship?
10. How would your crying hinder the therapeutic relationship?
11. What fears do you have of allowing yourself to cry in session with a client?
12. How do you keep yourself from crying in session with a client?
13. How would your controlling your desire to cry affect your relationship with a client?
14. What else would you like to add?

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